

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211517750

1.) CORPORATION NAME:

IFC Holdings, Inc.

DUE DATE: **8/31/2011**

SCC ID NO: **F0414229**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	23,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8745 HENDERSON RD - BLDG 5
STE 300

CITY/ST/ZIP: TAMPA, FL 33634-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: STEVE H DOWDEN
TITLE: PRESIDENT
ADDRESS: 8745 HENDERSON RD
#300
CITY/ST/ZIP/CO: TAMPA, FL 33634-

☒

OFFICER

☐

DIRECTOR

NAME: JOHN BERTINO
TITLE: SENIOR VP
ADDRESS: 8745 HENDERSON RD
#300
CITY/ST/ZIP/CO: TAMPA, FL 33634-

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OFFICER

☐

DIRECTOR

NAME: MAURA COLLINS
TITLE: CFO & SR VP
ADDRESS: 401 WILSHIRE BLVE STE 1100
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

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OFFICER

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DIRECTOR

NAME: ROSE DURM
TITLE: VICE PRESIDENT
ADDRESS: 8745 HENDERSON RD
#300
CITY/ST/ZIP/CO: TAMPA, FL 33634-

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OFFICER

☐

DIRECTOR

NAME: MARK C ETTINGER
TITLE: ASSIST VP
ADDRESS: 8745 HENDERSON RD
#300
CITY/ST/ZIP/CO: TAMPA, FL 33634-

NAME:	JEFFERY FERGUSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	SHARON FLASPOHLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	SCOTT FORBUSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	JAMES D GARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	DEB GEORGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	LINDA GILMORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	MARY ANN GOODRUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	CONNIE GREGORY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	GERRY GUNDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	212 N 4TH STREET		
CITY/ST/ZIP/CO:	BISMARCK, ND 58501-		

NAME:	RICHARD HART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	BRENT HUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	TODD MANEVAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	JANICE MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	VANESSA RODRIGUEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 WILSHIRE BLVD STE 1200		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	GLENDA ROSALES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	BESSIE SAVERY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	MARY SIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD #300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		
NAME:	LYNN M. SMELT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	8745 HENDERSON RD - BLDG 5 STE 300		
CITY/ST/ZIP/CO:	TAMPA, FL 33634-		

NAME:	THOMAS J MEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	RUTH A BURGESS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/AS		
ADDRESS:	8745 HENDERSON RD - BLDG 5		
CITY/ST/ZIP/CO:	STE 300 TAMPA, FL 33634-		
NAME:	JULIA GOATLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	JAMES LIVINGSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7601 TECHNOLOGY WAY		
CITY/ST/ZIP/CO:	DENVER, CO 80237-		
NAME:	DAVID DION	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	8745 HENDERSON RD		
CITY/ST/ZIP/CO:	#300 TAMPA, FL 33634-		
NAME:	SHELLY MEGNA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	8745 HENDERSON RD		
CITY/ST/ZIP/CO:	#300 TAMPA, FL 33634-		
NAME:	DANIEL WEISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8745 HENDERSON RD		
CITY/ST/ZIP/CO:	#300 TAMPA, FL 33634-		
NAME:	SANDRA WHITED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	8745 HENDERSON RD		
CITY/ST/ZIP/CO:	#300 TAMPA, FL 33634-		
NAME:	ALFREDO GOMEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	8745 HENDERSON RD		
CITY/ST/ZIP/CO:	#300 TAMPA, FL 33634-		

NAME: JOSEPH P SALOMONE TITLE: SENIOR VP ADDRESS: 8745 HENDERSON RD #300 CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID HUNTER TITLE: VICE PRESIDENT ADDRESS: 8745 HENDERSON RD #300 CITY/ST/ZIP/CO: TAMPA, FL 33634-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ THOMAS J MEYER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>THOMAS J MEYER, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/9/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		